pCODR PAN-CANADIAN ONCOLOGY DRUG REVIEW

PROVINCIAL FUNDING SUMMARY

Abiraterone (Zytiga) for Metastatic Castration Resistant Prostate Cancer (mCRPC)

pERC Recommendation: Recommends with condition on the cost-effectiveness being improved to an acceptable level
For further details, please see pERC Final Recommendation

Notification to Implement Issued by pCODR: Nov 6, 2013

This information is current as of June 23, 2014. The use of this document is directed by pCODR's Terms of Use.
Note: Funding criteria as listed on the decision date. Please refer to the provincial drug programs for the most recent funding criteria and program eligibility.

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
BC	Funded	Dec 1, 2013	with Prednisone for symptomatic mCRPC patients ineligible for docetaxel and ECOG 0-1; or asymptomatic or mildly symptomatic mCRPC without visceral metastases and who have not received prior chemotherapy; have adequate renal and liver function and serum potassium levels. A BCCA Compassionate Access Program Request must be approved. Patients are eligible to receive abiraterone or enzalutamide or cabazitaxel but sequential use is not approved.
AB	Funded	May 1, 2014	For symptomatic metastatic castration-resistant prostate cancer (mCRPC) patients after failure of androgen deptrivation therapy (ADT) and who have not received prior chemotherapy
SK	Funded	Feb 14, 2014	In combination with prednisone for the treatment of castration resistant, metastatic prostate cancer in patients who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy.

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
MB	Funded	Apr 16, 2014	For the treatment of patients with: • Histologically confirmed Metastatic Castrate-Resistant Prostate Cancer that is asymptomatic or mildly symptomatic, AND • Disease progression after prior androgen deprivation therapy, as defined by the Prostate Cancer Working Group (two consecutive increases in PSA concentration OR radiographic evidence of disease progression in soft tissue or bone), AND • An Eastern Cooperative Oncology Group (ECOG) performance status of 1 or less, AND • No prior chemotherapy for Metastatic Castrate-Resistant Prostate Cancer. OR • Metastatic Castrate-Resistant Prostate Cancer who have received prior chemotherapy containing docetaxel after failure of androgen deprivation therapy, AND • An Eastern Cooperative Oncology Group (ECOG) performance status of 2 or less Exclusion criteria: • Disease progression during treatment with prior enzalutamide • Abiraterone may only be prescribed by Genitourinary DSG Medical Oncologists; and Urologic Oncologists, and Radiation Oncologists as designated by the Genitourinary DSG. Disease status must be reassessed every 3 months via PSA and/or radiographic imaging. Further renewal will be granted only if disease response is documented after initial reassessment.

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
ON	Funded	Feb 13, 2014	(1)For the treatment of metastatic castrate-resistant prostate cancer (mCRPC) in patients who meet the following criteria: • Zytiga is being used in combination with prednisone; and • The patient is asymptomatic or mildly symptomatic after failure of androgen deprivation therapy; • Has an ECOG of 0 or 1. Approved dosage: 1000mg once daily will be funded until there is evidence of disease progression. Renewals will be considered in patients with evidence of not having had disease progression while on Zytiga therapy. Duration of initial and renewal approvals: 1 year Exclusion Criteria: Funding for Zytiga will NOT be approved in patients who meet the following exclusion criteria: • the Patient has viral hepatitis or chronic liver disease; • the Patient has clinically significant heart disease; • Zytiga is being prescribed for combination use with Jevtana or Xtandi for mCRPC; or • The patient has received prior chemotherapy for mCRPC. (2) For the treatment of metastatic castrate-resistant prostate cancer (mCRPC) in patients who meet the following criteria: • Zytiga is being used in combination with prednisone; and • The patient's cancer has progressed after having received prior docetaxel containing therapy; and • The patient has ECOG ≤ 2. Requests for patients who initiated Jevtana (cabazitaxel) or Xtandi (enzalutamide) therapy within the three (3) months preceding the EAP request for Zytiga and who have not had disease progression, will be considered on a case by case basis. Approved dosage: 1000mg once daily will be funded until there is evidence of disease progression. Renewals will be considered in patients with evidence of not having had disease progression while on Zytiga therapy. Duration of initial and renewal approvals: 1 year Exclusion Criteria: Funding for Zytiga will NOT be approved in patients who meet the following exclusion criteria: • the Patient has viral hepatitis or chronic liver disease; • the Patient has clinically significant heart disease; • Zytiga is being prescribed for combination use with Jevtana or Xtandi for mCRPC; or • the Patient has already used Zytiga in the pre-docetaxel setting
NS	Under provincial consideration*		

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
NB	Funded	Apr 30, 2014	In combination with prednisone for the treatment of metastatic prostate cancer (castration-resistant prostate cancer) in patients who: • are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy, or • have received prior chemotherapy containing docetaxel after failure of androgen deprivation therapy.
NL	Funded	May 1, 2014	In combination with prednisone for the treatment of metastatic prostate cancer (castration-resistant prostate cancer) in patients who: • Are asymptomatic or mildly symptomatic after the failure of androgen deprivation therapy OR • Have received prior chemotherapy containing docetaxol after the failure of androgen deprivation therapy
PEI	Under provincial consideration*		

**Under provincial consideration* means that the province is reviewing pCODR's recommendation. This may include the province working with the drug manufacturer to reach an agreement for a drug product that both parties can accept, in particular in cases where the pCODR Expert Review Committee has recommended that the drug be funded only on the condition of cost-effectiveness being improved to an acceptable level. This may occur before or after the pan-Canadian Pricing Alliance negotiations. Please contact the specific provincial drug program and/or cancer agency in your province for information about the status of a given drug product.